

February 2, 2023

Jack Resneck Jr., MD
President
American Medical Association

Matt Eyles
President and CEO
American Health Insurance Plans

Gregory A. Greco, DO, FACS
President
American Society of Plastic Surgeons

Dear Dr. Resneck, Mr. Eyles and Dr. Greco,

As physicians, patients and other care organizations we write to express our concerns over a recent decision to eliminate a procedure code, S2068, which is now causing significant access issues for women to undergo deep inferior epigastric perforator (DIEP) flap, a type of breast reconstruction surgery. Therefore, we are asking your respective organizations to work together to ensure patients continue to have access to this procedure.

Each year in the United States, about 264,000 women will be diagnosed with breast cancer accounting for roughly 30 percent of all new cancer diagnosis in women. A breast cancer diagnosis is devastating and leaves women with a number of difficult choices including the possibility of surgery to remove part or all of her breast or breasts. Thankfully, with the advent of newer procedures like the DIEP flap autologous reconstruction procedure which allows the use of a woman's own tissue, outcomes are greatly improved with reduced pain, less time in the hospital and a quicker return to everyday life.

Unfortunately, in January 2021, the Centers for Medicare and Medicaid Services (CMS) eliminated code S2068 for DIEP flap breast reconstruction. This has led to many downstream effects where private payers are no longer differentiating between the newer technique and the older, more invasive procedure which leads to significantly worse patient outcomes and costs the healthcare system more money. This has caught the attention of Members of Congress who engaged CMS with a letter outlining their concerns with the coding change and impact on patients. Further, CBS morning news ran a segment showcasing how this decision is impacting cancer patients and further escalating health disparities by creating a scenario where patients are being quoted upwards of \$50,000 cash for the procedure since private payers are no longer covering the original S2068.

The unintended consequences of this decision are playing out all over the country and it is clear no one is considering the patient's voice in this debate. This is completely unacceptable, and we ask your respective organizations to come to the table to solve this problem to ensure women of all means have a voice in their breast cancer journey.

Thank you for your attention to this important matter.

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